



The California Logic Model – *Evidence-based rehabilitation for offender success*

The California Logic Model is a detailed, sequential description of how California will apply evidence-based principles and practices to effectively deliver a core set of effective rehabilitation programs. Research shows that to achieve positive outcomes, correctional agencies must provide rehabilitative programs to the right inmates, at the right time, and in a manner consistent with evidence-based programming design.

Background:

The Public Safety and Offender Rehabilitation Services Act of 2007 (Assembly Bill 900), signed into law by the Governor on May 3, 2007, is a major effort to reform California's prison system by reducing prison overcrowding and increasing rehabilitative programming. In June 2007, the Expert Panel on Adult Offender and Recidivism Reduction Programming (Expert Panel), recommended the California Logic Model as this state's approach to integrating evidence-based principles into its rehabilitation programming. The Governor's Rehabilitation Strike Team (RST) provided guidelines on how to implement the Expert Panel proposals.

Steps and evidence-based principles underlying California Logic Model:

1. Assess High Risk.

Assess offender risk level and target offenders who pose the highest risk for reoffending. Give the highest programming priority to those with high and moderate risk to reoffend. Research shows that high and moderate risk to reoffend prisoners and parolees achieve the greatest gains in recidivism reduction.

2. Assess Needs.

Administer assessment battery to identify the offender's criminogenic needs/dynamic risk factors.* Research has demonstrated that varied combinations of these seven criminogenic needs (dynamic risk factors) drive criminal behavior in male offenders:

- Educational-vocational-financial deficits and achievement skills
- Anti-social attitudes and beliefs

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- Anti-social and pro-criminal associates and isolation
- Temperament and impulsiveness (weak self-control) factors
- Familial-marital-dysfunctional relationship (lack of nurturance-caring and/or monitoring-supervision)
- Alcohol and other drug disorders, and
- Deviant sexual preferences and arousal patterns.

3. Develop a behavior management plan.

Utilize risk, need, and responsivity assessment results to inform the development of an individualized case plan guiding the types and levels of services required to address needs. This plan is an integral step in matching the right offender to the right program in the right order. The behavior management plan links the assessment process to rehabilitation programming and ensures continuity of rehabilitation programs and services between the prison, parole system, and other community-based providers.

4. Deliver programs.

Deliver Cognitive Behavioral Programs, offering varying levels of dosage (duration and intensity). Deliver in prison and in the community a core set of programs that addressed the six major offender programming area needs (for high or moderate risk-to-reoffend inmates):

- Academic, Vocational, and Financial
- Alcohol and other Drugs
- Aggression, Hostility, Anger, and Violence
- Criminal Thinking, Behaviors, and Associations
- Family, Marital, and Relationships; and
- Sex Offending.

Provide low risk offenders with rehabilitation programs that focus on work, life skills and personal growth rather than rehabilitation treatment programs. Research shows that that intensive rehabilitation treatment programs for low-risk offenders have a minimal reduction or even an increase in recidivism.

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5. Measure Progress

Conduct periodic assessments to evaluate progress, update treatment plans, measure treatment gains, and determine appropriateness for program completion. Evidence-based rehabilitation programming that works includes determining whether or not the programming being delivered is achieving its stated objectives. This requires correctional agencies to collect programming data from every program delivered and every offender assigned to programming in an automated, systematic, and consistent fashion. This also means that every program that correctional agencies deliver to their adult offender populations (in prison and the community) must have clearly defined outcomes.

6. Prep for Re-entry

Develop a formal re-entry plan prior to program completion to ensure a continuum of care. Assist with obtaining ID and benefits needed to secure employment and receive services in the community. Individuals are at higher risk to return to prison shortly after their releases. Research indicates that when offenders participate in treatment in the community after treatment in prison, the results are likely to be two to three times greater than if the person participated only in prison-based programs. Therefore, the Expert Panel recommended that CDCR continue to develop and strengthen its formal partnerships with community stakeholders and develop a formal re-entry plan for offenders with high and moderate risk-to-reoffend scores and provide intensive transition services.

7. Reintegrate

Provide aftercare and facilitate a successful re-entry through collaboration with community providers. The Expert Panel recommended that CDCR require that all of its programs and services delivered in the community, including parole supervision, include those activities that will keep offenders from re-offending. These activities include: reducing offender criminogenic needs, helping offenders stay sober, assisting them with finding housing and jobs, and reducing the criminal toxicity of offender neighborhoods.

8. Follow-Up

Track offenders and collect outcome data at set intervals following discharge. Outcomes to be tracked include recidivism, substance abuse, family adjustment, employment, and housing status. Research demonstrates the importance of

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community and familial supports as sources of informal social controls.

Current status of California Logic Model implementation:

Implementation of the California Logic Model is being phased in through the “proof project” which is testing California’s newly designed rehabilitation programming in a demonstration site that includes a reception center, a prison, a secure community reentry facility and a parole region. The “proof project” is being conducted at Deuel Vocational Institute (DVI) in Tracy (reception center); California State Prison, Solano; Northern California Reentry Facility (serving San Joaquin, Calaveras, and Amador counties); and Parole Region I (parole site serving parolees from San Joaquin, Calaveras, and Amador counties). Lessons learned from this project will inform and benefit the statewide rehabilitation programming implementation.

Sources:

Report to the California Legislature: A Roadmap for Effective Offender Programming in California, Expert Panel on Adult Offender Recidivism Reduction Programming, June 2007.

Meeting the Challenges of Rehabilitation in California’s Prison and Parole System, Governor’s Rehabilitation Strike Team, December 2007.

Report on Expenditure of AB 900 Rehabilitation Funding, Legislative Report, CDCR, January 2008.

*The concept of criminogenic needs means that research shows that the offender population has a higher prevalence of these behaviors than does the general population. Therefore, the presence of these needs in a person may very well indicate a tendency toward criminal activity. Female offenders have additional needs that correctional programming should address, including treatment of abuse, violence, trauma, family relationships, substance abuse, and co-occurring disorders. (Expert Panel)



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